

Subpoenaing Party/Representative: ___ Charging Party ___ Respondent

Name: _____

Organization: _____

Address: _____

Telephone: _____ E-mail: _____



**STATE OF CALIFORNIA
PUBLIC EMPLOYMENT RELATIONS BOARD**

v. Charging Party,

Respondent(s).

Case Number(s): _____

**TESTIMONIAL SUBPOENA
(Witness Only)**

FROM: THE PEOPLE OF THE STATE OF CALIFORNIA

TO (Witness Subpoenaed): _____

You are hereby commanded, business and excuses being set aside, to attend at the following date, time, and location, and to testify in the above-captioned proceeding, at the request of the party or representative set forth above at the top of the witness subpoena:

Date: _____ **Time:** _____

Location, if applicable: _____

or

Videoconference Information, if applicable: Platform: _____

Meeting Number: _____ Meeting Password: _____

Alternative arrangement: You must appear at the date, time and location above, unless you make an alternative arrangement with the party/representative listed at the top of this subpoena.

Witness Fees: If you are not a party, you are entitled to receive a witness fee of \$35.00 per day and mileage reimbursement of \$0.20 per mile, round trip, to location where testimony is given. You need to request such fees/reimbursement when served with this subpoena. Higher fee amounts may apply if the witness is a peace officer, investigator, technical analyst, or expert witness.

Disobeying this subpoena may lead to Superior Court enforcement or subsequent sanctions as prescribed by law. (Cal. Code Regs., tit. 8, part III, § 32150 subd. (k).)

By order of the following PERB Board Agent: _____ (signature)

_____ (date)

Authority: Gov. Code §§3541.3(h), 3548.2, 3563(g), 3563(i); Cal. Code Regs., tit. 8, part III, § 32150

PROOF OF SERVICE OF SUBPOENA

(Gov. Code §§26721, 26743, 68093, 68096.1, etc.; Cal. Code Regs., tit. 8, part III, § 32150.)

I served the testimonial subpoena, as follows, and I provided the person served with a witness fee of \$35.00 a day and mileage reimbursement of \$0.20 per mile, round-trip, if requested at the time of service.

Name of Person Served: _____

Date and Time of Service: _____
(Date) (Time)

Fees Demanded? Yes No **Fees Paid (if any):** \$ _____

A. Personal service on the witness (required unless (B) or (C) below applies):

Street address and city where served: _____

B. Service on an authorized representative of a party to the case *only if* the witness is that party or an agent of that party. (Cal. Code Regs., tit. 8, part III, § 32150, subd. (e)(1)(b).) Service must be personal, unless the party has agreed to accept electronic service.

Street or e-mail address where served: _____

C. Service pursuant to an agreement with the person served.

Method of service: _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(Date)

at _____, California
(City)

(Signature of Declarant)

(Type or Print Name of Declarant)

(Type or Print Address)